Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	IHC April Minutes	**DATE:**	April 13, 2016
ATTENDEES:	Dr. Andrew Baron, Josh Bishop, Denise Chuckovich, Russell Duke, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Carol Moehrle, Dr. Robert Polk, Geri Rackow, Dr. Kevin Rich, Neva Santos, Dr. Dave Schmitz, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Lora Whalen, Jennifer Wheeler, Cynthia York, Nikole Zogg, Katherine Hansen	**LOCATION:**	700 W State Street, 1st Floor East Conference Room
Teleconference:	Scott Carrell, Dr. Mike Dixon, Dr. Scott Dunn, Susie Pouliot, Karen Vauk, Anne Wilde, Janet Willis, Pat Dennehy		
Members Absent:	Director Richard Armstrong, Melissa Christian, Jeff Crouch, Dr. Keith Davis, Ross Edmunds, Dr. Ted Epperly, Lee Heider, Dr. Glenn Jefferson, Rene LeBlanc, Maggie Mann, Nicole McKay, Casey Meza, Daniel Ordyna, Dr. David Pate, Tammy Perkins, Dr. David Peterman, Dr. Boyd Southwick, Dr. Fred Wood, Dr. Bill Woodhouse		
Guests:	Janica Hardin, Ethan Mansfield, Linda Rowe, Norm Varin, Matt Wimmer, Rachel Harris and Gina Pannell		
IDHW Staff:	Miro Barac, Wayne Denny, Burke Jensen, Taylor Kaserman, Casey Moyer, Kym Schreiber, Ann Watkins, Alexa Wilson		
Mercer:	Katie Falls, Jennifer Feliciano		
STATUS:	Draft (04/19/2016)		

Summary of Motions/Decisions:

Motion:	**Outcome:**
Jennifer Wheeler moved to accept the minutes of the March 9, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared with edits to the attendance list.	
Lisa Hettinger seconded the motion.	Motion carried
Dr. Baron moved that the Idaho Healthcare Coalition recommend the governor appoint Katherine Hansen to the IHC.	
Russell Duke seconded the motion.	Motion carried
Neva Santos moved that the Idaho Healthcare Coalition adopt the SHIP Communications Plan dashboard as presented by Mercer with minor edits.	
Katherine Hansen seconded the motion.	Motion carried.
Lora Whalen moved that the Idaho Healthcare Coalition accept the CHEMS advisory group's transition to a workgroup as presented by Mary Sheridan.	
Elke Shaw-Tulloch seconded the motion.	Motion carried.
Neva Santos moved that the Idaho Healthcare Coalition adopt the updated Clinical Quality Measures for the SHIP as presented.	
Mary Sheridan seconded the motion.	Motion carried.
Neva Santos moved that the Idaho Healthcare Coalition accept Josh Bishop as co-chair of the Multi-Payer Workgroup.	
Lisa Hettinger seconded the motion.	Motion carried.
Dr. Baron moved that the Idaho Healthcare Coalition accept Janica Hardin as co-chair of the Health Information Technology Workgroup and recommend the governor appoint her to the IHC.	
Lisa Hettinger seconded the motion.	Motion carried.

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes –

- Denise Chuckovich called the roll, and welcomed everyone to the meeting.
- Katherine Hansen was introduced to the IHC and gave a brief bio as well as her role as executive director of the Community Partnerships of Idaho, Inc. She also provided an overview of the services provided by Community Partnerships of Idaho, Inc.
- Denise Chuckovich requested a motion to approve the minutes from March 2016, and to approve the recommendation that the governor appoint Katherine Hansen to the Idaho Healthcare Coalition.
- The IHC members were informed of a date change for the May meeting from May 11th to May 18th due to a conflict in dates with the Idaho Healthcare Summit.

Agenda Topics

Workforce Development Presentation – *Dr. David Schmitz, Chairman, Idaho Health Professions Education Council and Ethan Mansfield, Economist, Idaho Department of Labor*

- Dr. David Schmitz presented on behalf of the Idaho Health Professions Education Council. Dr. Schmitz gave a background on what the council does and their reporting to the governor on recommendations for what health educational activities benefit Idahoans.
- Ethan Mansfield who works at the Idaho Department of Labor as a regional economist presented on the new approach they used to analyze Idaho physician workforce data. This research was done to identify where physicians are located in the state as well as age and specialty demographic data. The data available from the Idaho State Board of Medicine also gives them additional information which they will further analyze. Their work links the Idaho Department of Labor with the Idaho State Board of Medicine.
- Research methodology looked at the number of physicians in covered employment in Idaho – e.g. are they covered by unemployment insurance (UI). In comparing the raw numbers they found a gap of 400 jobs held by physicians who are not covered by UI. Additionally they also found that 227 jobs may be attributable to physicians working with multiple employers.
- They cross matched addresses by county, rural and urban designations. For this study urban is defined as a hub county with one county in each region labeled as urban that has the largest population. This research allowed them to identify gaps in physician workforce by area. Their report showed the distribution of doctors in both urban and rural areas.
- For example, Ada County employs almost half of the physician workforce within the state. There are seven urban counties within the state. They also looked at specialties by district, compared and contrasted urban and rural specialties by district. The larger the urban hub the more specialties of medicine. There are only six specialties in rural areas of district four.
- Looking at the age of physicians in both rural and urban Idaho they found that 37% of doctors are over 55 in rural areas of Idaho; 58% of the workforce in district one's rural area is over the age of 55. They also looked at the number of physicians within family practice.
- Dr. Schmitz followed the presentation with examples of why this information is important.
- The IHC members asked questions regarding their research and the study. Yvonne Ketchum asked about the timeframe of the study. The data was pulled in October 2015. Ms. Ketchum also asked if they can benchmark this data on a per capita base, Ethan Mansfield answered that yes they could do this.
- Janica Hardin asked if the specialty took into consideration credential or operational specialty. They looked at the Idaho State Board of Medicine's information that showed the specifics of specialties, but to do further analysis of the data requires more funding.
- Dr. Scott Dunn asked if they did an analysis with an overlay of general population e.g. if half the population is in Ada County; it would make sense that half the states physicians are located there as well. It would be interesting to look at equity issues using economic data and a similar research model.

Communications Materials and Dashboard – *Katie Falls, Mercer & Jenny Feliciano, Mercer:*

- Jennifer Feliciano presented an example of the Dashboard draft that Dr. Epperly had requested at the January IHC meeting. This dashboard would be updated on a quarterly basis. Ms. Feliciano went through the layout of the dashboard, segmented by goal and the related measures/metrics. She also reviewed the colors codes, their definitions and how the data is collected.
- Ms. Feliciano asked the IHC members if they had any questions. Members asked if any data on the measures has been collected yet. Data has not yet been collected but Mercer and the IDHW SHIP teams are working on it and will have the first dashboard populated with data at the June IHC meeting. Casey Moyer gave an explanation of the data to be collected, reporting frequency and why?
- Denise suggested that headings be inserted in the boxes on page two of the dashboard key (to aid in goal identification). On page 1, Janica Hardin also suggested inserting the number or value associated with each measure in the corresponding bubble to add additional clarity. Ms. Feliciano will look into putting the percentage in and will work on that further.
- Katie Falls gave an update on the communication tools that Mercer has been producing; the latest is a poster for clinics to post in their lobbies talking about what a medical-health neighborhood. This tool will be available following suggested edits and approval from the IHC.
- IHC members had several questions regarding the poster and its graphic design. Members wanted to know where the patient centered medical home was on the graphic; currently there is not one however this will be added. They also wanted to know if there would be an online version and if there would be website links listed for the medical-health neighborhood locations depicted on the graphic. This is a possibility but will require a lot more work and collaboration with the Regional Collaboratives. Primarily this is for patients to help them determine what resources are available to them in their medical-health neighborhood.
- IHC members also wanted to know if the poster had been reviewed by patients and if they had gotten feedback from that target audience. It has not been vetted by patients, it is at a slightly higher reading level than the general population, but the SHIP and Mercer teams will talk internally to see if it is possible to get patient feedback. Members would also like these changes to the graphic: 1) designated spot for a medical home, 2) a behavioral health clinic, and 3) Josh Bishop mentioned that amongst providers Health Plan is a more preferable phrase over Insurance Provider which is also missing from the graphic and 4) less text on the poster is recommended. Members also asked that “Nutrition Specialists” be changed to “Nutrition”.
- Mary Sheridan wanted to know if this poster would be used for both the patients and providers and does it align with the definition of the medical-health neighborhood. Casey Moyer responded that it does align with the definition of the medical-health neighborhood. Casey also asked if the SHIP Cohort clinics and medical-health neighborhood participants would like to have a hand out with similar information in addition to the poster. The IHC members liked this idea and a medical health neighborhood fact sheet will be produced to align with the poster. Katie and the Mercer team will work with the SHIP team to address these edits, present the updated product at the May meeting
- The Mercer team has also developed a multipage hand out on the Virtual PCMH that will be presented at the May meeting. They are also developing a brief survey on use of communication tools that will be available in May. They would like suggestions for the next piece for development to augment the toolkit. The English and Spanish version of the patient brochure will be available by this Friday.

Results of Learning Collaborative Evaluations and Coaching Call Updates – *Pat Dennehy, HMA:*

- Pat Dennehy went over the survey results from the learning collaborative that occurred on March 2-3, 2016 with cohort one clinics. Overall the feedback for both days was very positive; however day one showed a lower satisfaction rate but on day two the satisfaction rate went up.

- Ms. Dennehy went over what material from the learning collaborative was most helpful to attendees according to the returned surveys. The coaches were able to learn a lot about what people/clinics wanted to work on as part of their transformation plan. There are some topics that are more interesting to clinics than others. There are also areas of interest specifically focused on how to help clinics achieve PCMH recognition.
- Ms. Dennehy went over what the positive comments were from the first day and what attendees found most helpful; mostly they wanted more detailed information.
- On the second day they kept the clinics together which worked well and everyone seemed to really enjoy the team time and networking time spent on day two.
- A lot of positive comments on leadership and change on day two- the examples and scenarios given were helpful. They only received six negative comments on day two.
- The HMA team has met since the learning collaborative and is working to incorporate this feedback and come up with ways to make the next learning collaborative even better and more effective. The coaches have engaged with their clinics in coaching calls since the learning collaborative and these are helping as well.
- The next webinar is scheduled for April 19th on population health. There is also a group coaching call that is being scheduled in May. Ms. Dennehy answered additional questions from IHC members on the results of the surveys.
- Denise Chuckovich asked if there was a way to get feedback from the group coaching calls, and yes they will be getting feedback on these soon. Once they have this information they will provide an update to IHC.

CHEMS Update and Transition to Workgroup – *Mary Sheridan, Bureau Chief, Bureau of Rural Health and Primary Care:*

- Casey Moyer went over the differences between an advisory group and a SHIP workgroup. Advisory groups exist outside of the IHC and SHIP. An example of this is the Telehealth subcommittee which is linked to the Idaho Telehealth Council e.g. outside of SHIP and the IHC. Often these are time limited groups that oversee the advisory groups.
- Workgroups are housed under the IHC because they are a sole source entity related to the IHC and are not attached to another group or department. The CHEMS group is now asking to become a workgroup because the CHEMs taskforce that initially provided oversight of the advisory group is now gone. A considerable amount of work has been accomplished by the CHEMS measures workgroup. The culmination of their work will be presented at the May meeting. Therefore it is proposed that CHEMS move to IHC workgroup status and continue to meet regularly to achieve the SHIP CHEMS initiative.
- Mary Sheridan presented on the CHEMS initiative that is within SHIP and what is being established statewide as a part of SHIP. Mary Sheridan and Wayne Denny will chair and co-chair this workgroup.
- IHC members asked questions about advisory group members transitioning with the workgroup; nearly all of them will continue with CHEMS as it transitions.

Regional Collaboratives Update – *Lora Whalen, Panhandle District RC (Region 1) & Dr. Andrew Baron, Southwest District RC (Region 3):*

- Lora Whalen presented on what Region 1 is currently working on as a regional collaborative. They have diverse representation of medical professionals on the collaborative. Early successes included a meeting with Cohort One Clinics on March 30th to discuss quality improvement and indicators chosen by SHIP. The collaborative also identified QI measures within their region. Some initial regional measures they are considering are: 1) dental-fluoride varnish use and 2) over prescribing of opiates. The group then split up by specialty to have focused discussions. Participants were excited following the meeting. The regional

collaborative is now working to get feedback on the meeting. The regional collaborative would like help in getting baseline data for at least the first three measures. Everyone except one clinic in their region is using the same EHR-Nextgen.

- Dr. Dunn added that there was some enthusiasm around incorporating Telehealth but there are problems with Telehealth reimbursement that the payment reform group should be aware of as a future consideration.
- Dr. Baron presented on Region 3 collaborative. They have had four monthly meetings with about twenty people on the collaborative. They have a wide range of representation within the medical community. They have formed workgroups focusing on: 1) senior health - to work with the senior population on fall risk assessment and how to better reach this community; 2) Hispanic/Latino health issues and 3) a Behavioral Health Integration workgroup who are working with Gina Westcott, DHW Behavioral Health to improve mental health services within in their regional collaborative, and within their PCMHs. The PCMH support groups are also trying to get clinics to look at their goals and related timelines and how will they be able to achieve these goals. A challenge that they face is surrounding access to data as well. They want to zero in and focus on projects where there is room for improvement. The PCMH workgroup meets tomorrow.
- Casey Moyer gave an update on the availability of data which is a challenge that is being worked on by the HIT data element mapping subcommittee and HealthTech Solutions. There will be limited data for year one on the first four clinical quality measures. There are changes to the way data is being collected and these data collection protocols will be developed and refined over the next three years. IHDE does not necessarily have the exact details that are needed for the data collection on the current quality metrics. IHDE is currently building out connections which will help HealthTech Solutions to normalize the data when they get it. SHIP is looking at the end of this year before data is available on the first four clinical quality measures. They might be able to create baselines from previous data from the EHRs. At the RC level there are several data sources to use to obtain this data.
- Elke Shaw-Tulloch commented that the division of population health has some of this data but they need to know what data would be useful to the clinics. Scott Carrell commented that they have conducted readiness calls with the majority of clinics and there will need to be course adjustments. They won't be able to have one standard approach to connection and data collection. Mr. Carrell also spoke about consulting with Oklahoma and what they have done to set up connections and collect the data they need.
- Denise Chuckovich clarified that we have the statewide clinical quality measures that we are committed to but the regional collaboratives might be interested in regional data specific to their location.
- Casey Moyer also commented that this is not just about data flows but also about improvement of communications.

Clinical Quality Measures Update – *Dr. Andrew Baron, CQM Chair:*

- Dr. Baron presented on the year one clinical quality measures. Originally these measures were developed over three years ago. Last Thursday the clinical quality measures workgroup reviewed the first four measures. They reached consensus on the first four measures and modified them to align with SHIP and national criteria.
- Dr. Baron went over what these four measures were and the changes that were made since they were first proposed. Dr. Baron took questions regarding selection criteria for these measures. Mary Sheridan asked a question on measure three and why they choose to look at the data of patients with A1C higher than nine, Dr. Baron answered that is was because studies have shown it is a better way to collect data on diabetes.
- Discussion continued around what these measures meant and how they would be recorded and by whom.

Co-Chair for Multi-Payer and HIT Workgroups – *Casey Moyer, DHW:*

- Casey Moyer presented the new proposed co-chairs for both the HIT and MPW workgroups.

- The recommended co-chair for the HIT workgroup is Janica Hardin. She has been with Saint Alphonsus for eight years and is now the director of informatics and analytics, charged with data extraction.
- There is a proposal for Jeff Crouch's position as co-chair of the MPW group to rotate to Josh Bishop. Josh is the vice president and Idaho regional director of Pacific Source and has sat on the IHC since July 2015.

SHIP Operations and Advisory Group Reports/Updates – *Cynthia York, Administrator, OHPI:*

- Denise Chuckovich asked members if they had any comments or questions regarding the workgroup reports from the past month. There were no questions or comments.

Closing remarks and Next Steps – *Denise Chuckovich, Deputy Director:*

- Denise Chuckovich asked if members had anything further to discuss before closing the meeting.
- Lisa Hettinger announced the Comprehensive Primary Care Plus (CPC+) program. From April 15-June 1, 2016, CMS will solicit payer proposals to partner in CPC+. Based on payer interest and coverage, CMS will announce the CPC+ regions in July 2016, and request applications from eligible practices within these geographic locales. More information will be posted on the SHIP website.

There being no further business Denise Chuckovich adjourned the meeting at **4:20pm.**