Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	IHC August Minutes	**DATE:**	August 10, 2016
ATTENDEES:	Kathy Brashear, Pam Catt-Oliason, Melissa Christian, Ross Edmunds, Dr. Ted Epperly, Katherine Hansen, Lisa Hettinger, Yvonne Ketchum, Deena LaJoie, Dr. David Pate, Susie Pouliot, Dr. Kevin Rich, Neva Santos, Elke Shaw-Tulloch, Mary Sheridan, Larry Tisdale, Karen Vauk, Jennifer Wheeler, Matt Wimmer, Cynthia York, Nicole Zogg	**LOCATION:**	700 W State Street, 1st Floor East Conference Room
Teleconference:	Scott Carrell, Janica Hardin, Maggie Mann, Casey Meza, Carol Moehrle, Dr. David Peterman, Dr. Dave Schmitz, Lora Whalen, Dr. William Woodhouse		
Members Absent:	Director Richard Armstrong, Dr. Andrew Baron, Josh Bishop, Jeff Crouch, Dr. Keith Davis, Dr. Mike Dixon, Russell Duke, Dr. Scott Dunn, Senator Lee Heider, Dr. Glenn Jefferson, Nicole McKay, Daniel Ordyna, Tammy Perkins, Dr. Robert Polk, Geri Rackow, Dr. Boyd Southwick, Janet Willis, Representative Fred Wood		
IDHW Staff:	Miro Barac, Wayne Denny, Burke Jensen, Taylor Kaserman, Casey Moyer, Kym Schreiber, Ann Watkins, Alexa Wilson		
Guests:	Rachel Blanton, Katie Falls, Janette Haskell, Elwood Kleaver, Dr. James Lederer, Amy Mart, Gina Pannell, Janet Reis, Linda Rowe, SeAnne Safaii-Waite, Corey Surber, Michael Thomas, Norm Varin, Shenghan Xu		
STATUS:	Draft (08/10/2016)		

Summary of Motions/Decisions:

Motion:	**Outcome:**
Deena LaJoie moved to accept the minutes of the July 13, 2016, Idaho Healthcare Coalition (IHC) meeting as prepared with minor edits.	Motion Carried
Katherine Hansen seconded the motion. Susie Pouliot moved that the Idaho Healthcare Coalition recommend the Governor appoint Dr. James Lederer to the IHC.	Motion Carried
Neva Santos seconded the motion.	

Agenda Topics:

Opening remarks, Introductions, Agenda review, Approve minutes –

- Dr. Epperly welcomed everyone to the meeting and provided a quote to start the meeting by Stephen Covey, "Effective leadership is putting first things first. Effective management is discipline, carrying it out." Following the quote Dr. Epperly called roll. IHC members approved the meeting minutes from July with minor edits and accepted the recommendation for Dr. James Lederer to replace Dr. Robert Polk on the IHC.

IHDE/HIT Update – *Burke Jensen, IDHW and Scott Carrell, IHDE*

- Scott Carrell presented the current status of bi-lateral connections the Idaho Health Data Exchange has with cohort one SHIP clinics. July was the intended kick off month for starting implementations with an end date of September. There has been a delay in these implementations due to a variety of connectivity issues IHDE is facing with some clinics.
- Mr. Carrell spoke about the dynamic nature of this project. He indicated that there have been clinics whose readiness status has changed since the conduct of the IHDE readiness assessment and that they are now ready for connection with IHDE. Work is still occurring on how to make all 55 cohort one clinics ready to connect with IHDE.
- Following his presentation Mr. Carrell responded to questions from IHC members on: 1) How IHDE will handle changes of EMR vendors of connected SHIP cohort one clinics? And 2) what are the IHDE implementation/connectivity lessons learned for the first cohort that would help the second cohort. IHDE is addressing these issues by: 1) working with their sub-contractor Orion; 2) monitoring closely the current status of clinics' EMRs, and 3) making sure those clinics who are selected for cohort two know what is being asked of them and their EMR to ensure connectivity.
- Burke Jensen provided an update on the data analytics portion of the SHIP project. The first set of clinical quality measures is anticipated to be ready in December and January. There has been an increased focus on the HIT timelines as challenges are identified; however, all parties involved continue to work to meet the December and January reporting deadline for the first four clinical quality measures for cohort one.
- Mr. Jensen reported on the work of the HIT Data Element Mapping Subcommittee in evaluating potential clinical quality measures for year two. The HIT Use Cases Subcommittee met once focusing on identifying how the data analytics tool can be leveraged by different users. A Use Case activity was completed last month and report is pending submission by the facilitator.
- HealthTech Solutions, the analytics vendor, has established a hosting service that will be used during the life of the project; this includes development of multiple environments for the clinical quality measures.

- Mr. Jensen responded to questions on how progress related to clinic connectivity and data analytics will be reported to the IHC; in the very near future, the dashboard instrument developed by Mercer will report overall project progress of SHIP Goals 2 and Goal 5.

RC discussion— putting first things first – main goal PCMH with a bidirectional connection to the MHN – *Dr. Epperly, Chair and Elke Shaw-Tulloch, IDHW Division of Public Health*

- Dr. Epperly spoke about the importance of the work being done by the seven Regional Collaboratives. Currently each of region is working on a strategic plan detailing the goals they want to achieve moving forward. A primary focus for each region is transforming practices into PCMHs.
- Elke Shaw-Tulloch discussed the development of the RC strategic plans. The goal of these strategic plans is define collectively what it means to support SHIP cohort clinics as they go through PCMH transformation in order to ensure that a shared vision exists for the RCs, IHC and other stakeholders.
- Dr. Epperly stated that the healthcare system is complicated; however in his view the SHIP grant has already been successful because the necessary conversations to evolve the system have been started. He would like each RC to have designated funds to address issues at the regional level.
- Ms. Shaw-Tulloch provided a synopsis of the draft of region four's strategic plan. Drafts of all of the strategic plans are due on September 1st. Final drafts of the plans will be ready for presentation after the October IHC meeting. Members of the IHC requested enough time to adequately review the strategic plans; the plans should not be much longer than a page or two to allow for plenty of time for review by IHC members.
- IHC members asked Ms. Shaw-Tulloch and Kym Schreiber, SHIP PCMH Project Manager questions about the second cohort of SHIP as it relates to work being done currently regarding the network participation of providers in the cohort. Anyone who wants to be involved in this process is being targeted to submit an interest survey however network participation has not been a part of the selection criteria for SHIP clinics.

Mercer update – *Katie Falls, Mercer*

- Katie Falls provided an update on the deliverables being worked on by Mercer; the first is the dashboard designed for reporting progress to the IHC on all SHIP Goal Success Measures. The SHIP team is currently making revisions to the success measures which must be approved by CMMI prior to reporting the first dashboard to the IHC meeting in October. The second project is the operational plan; this is due December 1st. The final draft of this will be done in November and presented to the IHC on the 9th with the draft ready the last week of October.

Communications discussion and update – *Katie Falls, Mercer and Elke Shaw-Tulloch, IDHW Division of Public Health*

- Katie Falls presented on several discussions that have been held about the medical-health neighborhood communication materials toolkit. In examining the medical-health neighborhood deliverables year to date, it became clear that these concepts needed further development by the Population Health Workgroup (PHW). Additional review by the PHW will ensure the following areas are addressed:
  - What is a medical health neighborhood;
  - What is the role of the regional collaborative; and
  - Recruitment techniques for the medical health neighborhood.

  Ultimately, the communication toolkit will be revised to reflect this feedback.
- Elke Shaw-Tulloch reminded the IHC of the role of PHW and the stakeholders on the workgroup; to help support and build the medical-health neighborhood.

MACRA presentation –*JP Sharp, JD, MPH, Medicare Access and CHIP Reauthorization Act Lead, Center for Medicare & Medicaid Innovation*

- Dr. Epperly welcomed JP Sharp and provided a brief background on his work at CMS and with Medicare. JP Sharp presented on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).
- The key topics presented by JP Sharp were the Quality Payment Program, the Merit-based Incentive Payment System (MIPS), Incentives for Participation in Advanced Alternative Payment Models (Advanced APMs), and next steps.
- Mr. Sharp provided an overview of what the Quality Payment Program is; and the current status; the final rule is being written now with the final draft anticipated this fall.

- The Merit-based Incentive Program System (MIPS) is a new program that will incorporate three current programs into a single framework; the fourth component is focused on promoting ongoing improvement and innovation in clinical activities as well.
- Clinicians that will be participating in MIPS in the first two years are: physicians, physician assistants,, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. In future years the types of Medicare Part B eligible clinicians affected by MIPS may be expanded. MIPS will not apply to the first year of Medicare Part B participation, clinicians with low patient volume threshold, and certain participants in Advanced Alternative Payment Models; MIPS also will not apply to hospitals or facilities. Clinicians that are eligible for MIPS can participate as an individual or as a group practice that would be assessed across all four MIPS performance categories.
- Mr. Sharp covered the four categories for performance that clinics will be scored on: quality, advancing care information, clinical practice improvement activities, and cost. **The MIPS performance period will begin in 2017 and the first payment year will be 2019.** Mr. Sharp presented on the proposed rule of MIPS payment adjustment and how much MIPS can adjust payments; MIPS is a budget neutral program.
- Incentives for Advanced APM Participation are a new way for paying for medical care through Medicare that will incentivize quality and value. There is a specific set of criteria for APMs to become advanced. The proposed rule for advanced APMs is the medical home model with the following criteria, the required use of CEHRT, required MIPs-comparable quality measures, and required APM entities to bear more than nominal financial risk. Mr. Sharp went over what is required for eligible clinicians to become qualifying APM participants (QP), and the QP determination and APM incentive payment timeline.
- Following his presentation Mr. Sharp took questions from IHC members on why track one of shared savings was excluded from APM but Comprehensive Primary Care Plus (CPC+) is included, this is because track one is defined by Medicare as a financial risk, for AMPs the risk must be a repayment of losses, track one does not meet any of these requirements.
- Medicaid will be certified by exploring a few options and continue to seek more comments and input on how to operationalize that component in determining which of those payment arrangements would be standard.
- Mr. Sharp answered questions on if it would be fair to assume that while there is not a full set of criteria that there would have to be some down side risk, this is parallel to the advanced APM rule, other avenues are possible but not yet available.
- Dr. Epperly solicited the question if being part of the SHIP program would help clinics also get into the MIPS plan. Mr. Sharp responded that PCMH designation will count towards the clinical practice improvement category of MIPS on the EPM side PCMH designation alone is not the same as the payment model, so a practice may have the PCMH model but it isn't necessarily the same payment model.
- Mr. Sharp also responded to questions on how many iterations of MACRA can be expected down the road and how stable is it with the upcoming elections. There is a level of unpredictability with congress but most changes or amendments will come with APMs especially in the specialty practice area.
- Certified rural health clinics are not allowed to participate in MIPS but fit into these initiatives through legislative changes since there are clear guidelines of what clinics can participate in MIPS.
- Dr. Epperly thanked JP Sharp for his presentation, and discussed how the alignment of what CMS is doing with payment is a catalyst with what the SHIP grant is doing in Idaho. Susie Pouliot commented that the Idaho Medical Association has been doing a lot of education on this topic for physician members on Medicaid updates.

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

- Dr. Epperly inquired the IHC members if there were any additional comments or information on the workgroup reports to discuss. Mary Sheridan informed the IHC that the Telehealth vendor contract had been signed earlier that day. This contractor will be working with SHIP to provide Telehealth technical assistance and a webinar series.
- Casey Moyer announced that the SHIP team has a part time communications position becoming available. If anyone knows of someone who would be interested in the position or qualified for the job to urge them to apply.

Timeline and Next Steps –

There being no further business Dr. Epperly adjourned the meeting at **4:08pm**