PROJECT CHARTER

GOAL 4: Improve rural patient access to patient-centered medical homes (PCMHs) by developing virtual PCMHs.

Version 3.0 – FINAL

Summary

Mercer Lead	Jenny Feliciano
SHIP Staff	Miro Barac
Key Participants	Community Health EMS (CHEMS), Community Health Worker (CHW) Workgroups, State EMS Agencies, Virtual Patient Centered Medical Homes (PCMHs), Idaho Department of Health and Welfare (IDHW), Regional Health Collaboratives (RCs), Telehealth Goal 2 Subcommittee, Telehealth Council, PCMHs volunteering for PCMH mentoring program, PCMH Contractor (includes incentive distribution and technical assistance), and educational institutions to be contracted for providing CHW and CHEMS training.
IHC Charge	Support the development of the Virtual PCMH model in Idaho by utilizing CHWs, CHEMS, and integration of telehealth into rural and underserved areas to improve access to physical, behavioral, and specialty healthcare services.

Success Measures

Success Measures	SHIP Desired Outcomes	Measurement					
1.	• Recruit and establish Virtual PCMHs.	• Cumulative (CUM) # (%) of Virtual PCMHs established in rural communities following assessment of need. *Model Test Target: 50.*	**YR**	**Q1**	**Q2**	**Q3**	**Q4**
			Pre	-	-	-	-
			1	0	0	0	15
			2	15	15	15	30
			3	30	30	30	50

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Success Measures	SHIP Desired Outcomes	Measurement

2. Establish CHEMS programs. — CUM # (%) of regional CHEMS programs established. *Model Test Target: 16.*

YR	Q1	Q2	Q3	Q4
Pre	-	-	-	1
1	6	6	6	6
2	11	11	11	11
3	16	16	16	16

3. Integration of CHEMS in Virtual PCMHs. — CUM # (%) of CHEMS program personnel trained for Virtual PCMH coordination. *Model Test Target: 52.*

YR	Q1	Q2	Q3	Q4
Pre	-	-	-	2
1	16	16	16	16
2	38	38	38	38
3	52	52	52	52

4. Train CHWs on Virtual PCMH integration. — CUM # (%) of new community health workers trained for Virtual PCMH coordination. *Model Test Target: 200 (25 per training).*

YR	Q1	Q2	Q3	Q4
Pre	-	-	-	
1	0	0	0	50
2	50	50	50	125
3	125	125	125	200

5. Continuing education for CHEMs and CHWs. — CUM # (%) of continuing education conferences held for CHW and CHEMS Virtual PCMH staff. *Model Test Target: 2 for Target 252 CHWS and CHEMS community health workers.*

YR	Q1	Q2	Q3	Q4
Pre	-	-	-	-
1	-	-	-	-
2	-	-	-	1
3	-	-	-	2

6. Enhanced use of telehealth tools by Virtual PCMHs for behavioral health and other specialty services. — CUM # of designated Virtual PCMH practices that routinely use telehealth tools to provide specialty and behavioral services to rural patients. *Model Test Target: 36.*

YR	Q1	Q2	Q3	Q4
Pre	-	-	-	-
1	-			12
2	12	12	12	24
3	24	24	24	36

Planned Scope

Deliverable 1	Result, Product, or Service	Description	Owner	Impacted Parties
	• Virtual PCMH requirements, standards, designation criteria, and recruitment plan.	• Requirements and recruitment plan for developing Virtual PCMHs.	• IHC • IDHW	• PCMH Contractor • IMHC • RCs • EMS Agencies • PCMH Contractor • Primary Care Providers/Potential Virtual PCMH partner sites
Est. Timeframe	**Start**: 05/01/2015			**End**: 02/01/2016
Milestones	Event			Target Date
	• Collect information to build the Virtual PCMH recruitment plan. • Develop requirements, standards, and designation criteria. • Draft Virtual PCMH recruitment plan. • Feedback from Stakeholders. • Present on requirements and standards to IHC in January meeting. • IHC approval. • Final Virtual PCMH recruitment plan. • Implement Virtual PCMH recruitment plan. • Evaluate recruitment plan periodically and make adjustments, as needed.			• 11/13/2015 • 11/30/ 2015 • 12/01/2015 • 01/01/2016 • 01/13/2016 • 01/13/2016 • 01/29/2016 • 02/01/2016 • Ongoing
Deliverable 2	Result, Product, or Service	Description	Owner	Impacted Parties
	• Financial incentives for qualifying PCMHs.	• Incentive structure for Virtual PCMHs.	• IDHW • PCMH Contractor	• IDHW • PCMH Contractor • IMHC • PCMHs • RCs • IMHC
Est. Timeframe	**Start**: 12/01/2015			**End**: 12/01/2019
Milestones	Event			Target date
	• Hire PCMH Contractor (and Incentive Distribution Contractor).			• 12/01/2016

	• Develop financial incentive distribution process, including criteria for practices to receive the incentive and fraud/abuse protections.		• 01/31/2016
	• Obtain any necessary approvals of the financial distribution process.		• 01/31/2016
	• Complete any logistical steps needed to implement the process.		• 01/31/2016
	• PCMH Contractor begins distribution of financial incentives.		• 02/02/2016

Deliverable 3	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• Virtual PCMH mentoring program.	• Peer mentoring program.	• PCMH Contractor	• Local EMS agencies • Local CHW • Selected virtual PCMH • Telehealth Goal 2 Subcommittee CHEMS Workgroup • CHW Workgroup

Est. Timeframe	**Start**: 09/03/15	**End**: 01/01/2019

Milestones	**Event**	**Target Date**
	• Identify potential mentors.	• 06/30/2016
	• Gather program requirements.	• 06/30/2016
	• Develop Virtual PCMH mentoring program.	• 01/02/2017
	• Comments/feedback on Virtual PCMH peer mentoring program.	• 01/31/2017
	• Launch mentoring program.	• 01/31/2017

Deliverable 4	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• Infrastructure for collecting and analyzing data for performance reporting.	• Developing capacity for data collection and analysis	• IHDE • Data Collection and Analysis Contractor	• IDHW • CHEMS • CHW • Virtual PCMH staff • PCMH Contractor • IHDE

Est. Timeframe	**Start**: 02/01/2016	**End**: 02/29/2016

Milestones	**Event**	**Target Date**
	• Identify data points needed for CHEMS to measure against Triple Aim.	• 02/01/2016
	• Identify data points needed for CHWs to measure against Triple Aim.	• 03/10/2016
	• Scope data needs to ensure infrastructure can meet need.	• 06/30/2016
	• Align data needs and processes with Data Analytics Contractor.	• 06/30/2016

	• Build initial infrastructure.			• 01/01/2017
Deliverable 5	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• Training program for CHEMS agencies participating in Virtual PCMHs.	• Training program for CHEMS.	• IDHW	• IDHW • Selected EMS agencies • Virtual PCMH staff • PCMH Contractor • Data Collection and Analysis Contractor
Est. Timeframe	**Start**: 04/30/15			**End**: 01/31/2019
Milestones	**Event**			**Target Date**
	• Establish CHEMS workgroup and identify CHEMS sub-committee leads. • Identify CHEMS standards and certification requirements. • Execute contract with training vendor to provide CHEMS trainings. • Collect best practice resources and policies for program implementation. • Identify CHEMS program for basic life support (BLS) and intermediate life support (ILS) agencies. • Identify required metrics and reporting process.			• 08/30/2015 • 01/31/2016 • 01/31/2016 • 01/31/2016 • 01/01/2017 • 02/29/2016
Deliverable 6	**Result, Product or Service**	**Description**	**Owner**	**Impacted Parties**
	• Virtual PCMH staff training program for CHW.	• Training program for CHW.	• IDHW	• IDHW • CHW • Virtual PCMH staff • PCMH Contractor
Est. Timeframe	**Start**: 03/1/2015			**End**: 01/31/2019
Milestones	**Event**			**Target Date**
	• Establish CHW workgroup and identify CHW sub-committee leads. • Collect best practice resources and policies for program implementation. • Identify CHW standards and certification requirements. • Contract with training vendor to provide CHW trainings. • Identify required metrics and reporting process.			• 08/31/2015 • 01/31/2016 • 01/31/2016 • 02/29/2016 • 03/10/2016

Deliverable 7	Result, Product, or Service	Description	Owner	Impacted Parties
	• Technical assistance program.	• TA for CHEMS, CHWs, selected virtual PCMHs, and RCs in identified areas.	• PCMH Contractor	• All CHEMS and CHWs, Training Contractor, selected Virtual PCMHS, and RCs in identified areas
Est. Timeframe	**Start**: 01/14/2016			**End**: 01/31/2017
Milestones	**Event**			**Target Date**
	• Begin developing transformation support program.			• 01/04/2016
	• Develop "how-to" guide or coaching manual to address educational needs (BLS, ILS, and ALS).			• 02/02/2016 (ILS); 01/31/2017 (BLS/ALS)
Deliverable 8	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• Implement new CHEMS telehealth programs.	• Select CHEMS agencies to receive telehealth equipment.	• CHEMS Workgroup • Telehealth Council	• CHEMS and CHW supporting agencies • Hospitals in selected areas • PCMHs • IDHW • IDHE • Analytics contractor
Est. Timeframe	**Start**: 02/1/2016			**End**: 02/30/2017
Milestones	**Event**			**Target Date**
	• Establish criteria for participation.			• 03/02/2016
	• Conduct readiness assessment and selection.			• 06/01/2016
	• Write and release RFP.			• 09/01/2016
	• Procure telehealth equipment.			• 01/31/2017
	• Telehealth go-live.			• 02/01/2017
Deliverable 9	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• Sustainability plan for CHEMS and CHW.	• Sustainability of program resources.	• CHEMS Workgroup • CHW Workgroup	• IDHW
Est. Timeframe	**Start**: 02/012017			**End**: 01/01/2019

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Milestones	Event			Target Date
	• Collect information/feedback from CHEMS agencies. • Solicit stakeholder input. • Develop proposed plan. • Implement plan.			• 01/30/2018 • [TBD] • [TBD]
Deliverable 10	**Result, Product, or Service**	**Description**	**Owner**	**Impacted Parties**
	• Telehealth implementation plan.	• Plan to implement telehealth in Virtual PCMH model.	• Telehealth Council	• Selected PCMHs • Telehealth contractor • IHC • IHDE • Data Collection and Analysis Contractor
Est. Timeframe	**Start**: 09/01/2015			**End**: 12/02/2015
Milestones	**Event**			**Target Date**
	• Research other state telehealth standards. • Collect input from key stakeholders on draft telehealth standards. • Develop draft telehealth standards. • Obtain feedback, as needed. • Finalize telehealth standards.			• 10/01/2015 • 11/02/2015 • 11/02/2015 • 12/02/2015 • 12/02/2015

Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.

Project Risks, Assumptions, and Dependencies

Risk Identification	Event		Likelihood	Seriousness	Potential Mitigation
	1.	Inability to integrate CHEMS data reporting with IHDE requirements.	M	M	Assure communication between CHEMS and HIT workgroup.
	2.	Newly trained CHEMS professionals do not remain engaged with EMS agencies.	L	M	Address in the contract/MOUs with EMS agencies.
	3.	CMMI funding restriction for training.	M	M	None.
	4.	Lack of sustainability plan for CHW training.	M	M	Integrate CHW program with regional health collaborative sustainability planning.
	5.	Limited CHW model adoption by PCMHs.	M	M	Increase outreach coordination with medical home collaborative and Regional Health Collaboratives.
	6.	Lack of student participation in training.	M	M	Alignment with CHW outreach committee to assure appropriate information distribution to stakeholders and potential CHWs.
Assumptions	TBD				
Dependencies and Constraints	• Establishment and finalizing of the Virtual PCMH model. • Ability to recruit and train a sufficient number of practices, CHWs, and CHEMS. • Selection of the CHEMS agencies dependent on the selection of the PCMH cohorts. • Timeline for EMTs training dependent on training availability. • CHEMS metrics dependent on SHIP metrics catalog. • Identifying training program curriculum and delivery strategy is dependent on the CHW training committee recommendation, IHC approval, CMMI release of funding, and establishment of appropriate agreement (contract or sub-grant). • Testing the CHW program requires the development of metrics, data collection, and reporting strategies. • Implementing a peer-mentoring program is dependent on the identification of CHWs and primary care clinicians with successful programs and a willingness to travel to PCMHs with new programs.				

Project Reporting and Scope Changes

Changes to scope must be reflected at the Workgroup Charter level as approved by the IHC after review by SHIP team.

Version Information

Author	Jenny Feliciano and Ralph Magrish	Date	12/22/2015
Reviewer	Casey Moyer	Date	12/23/2015

Final Acceptance

Name/Signature	Title	Date	Approved via Email
Cynthia York	SHIP Administrator	12/24/2015	☒
Katie Falls	Mercer Lead	12/24/2015	☒