



Idaho Healthcare Coalition

Meeting Minutes:

SUBJECT:	Idaho Healthcare Coalition	DATE:	January 13, 2016
ATTENDEES:	Director Richard Armstrong, Dr. Ted Epperly, Denise Chuckovich, Cynthia York, Josh Bishop, Scott Carrell, Melissa Christian, Dr. Keith Davis, Russell Duke, Ross Edmunds, Lisa Hettinger, Deena LaJoie, Dr. David Peterman, Dr. Robert Polk, Susie Pouliot, Dr. Kevin Rich, Neva Santos, Dr. Dave Schmitz, Elke Shaw-Tulloch, Larry Tisdale, Karen Vauk, Jennifer Wheeler, Nikole Zogg	LOCATION:	700 W State Street, 1 st Floor East Conference Room
Teleconference:	Dr. Andrew Baron, Dr. Mike Dixon, Dr. Scott Dunn, Rene LeBlanc, Maggie Mann, Dr. Casey Meza, Carol Moehrle, Daniel Ordyna, Geri Rackow, Karen Vauk, Lora Whalen, Janet Willis, Dr. Bill Woodhouse, Mark Rouse, Sarah Renner		
Members Absent:	Jeff Crouch, Senator Lee Heider, Yvonne Ketchum, Dr. Glenn Jefferson, Dr. David Pate, Tammy Perkins, Dr. Boyd Southwick, Representative Fred Wood, Ann Wilde		
DHW Staff	Ann Watkins, Miro Barac, Casey Moyer, Kym Schreiber, Taylor Kaserman, Kim Thurston, Burke Jensen		
Guests:	Rachel Harris, Tim Heinze, Hilary Klarc, Norm Varin		
Mercer:	Katie Falls		
Briljent & HMA:	Grace Chandler, Pat Dennehy, Nancy Jaekles-Kamp		
STATUS:	Draft 01/13/16		

Summary of Motions/Decisions:

Motion: Neva Santos moved to accept the minutes of the December 09, 2015, Idaho Healthcare Coalition (IHC) meeting as prepared.

Susie Pouliot seconded the motion.

Motion carried.

Motion: Lisa Hettinger moved that the Idaho Healthcare Coalition adopt the Statewide Healthcare Innovation Plan (SHIP) Communications Plan materials as presented by Mercer.

Larry Tisdale seconded the motion.

Motion carried.

Agenda Topics:

Opening remarks: “And now we welcome the New Year. Full of things that have never been.” Rainer Maria Rilke



◆ Dr. Epperly called the roll, and welcomed everyone.

◆ Dr. Epperly introduced Burke Jensen the new SHIP HIT project manager. Mr. Jensen gave a brief background of his previous work history and why he has joined the SHIP team.

Agenda Topics

Operational Plan Feedback– *Cynthia York, Administrator, OHPI, Dr. Ted Epperly, Chair & Denise Chuckovich, Co-Chair:*

- ◆ Ms. York reviewed the positive feedback that CMMI provided on the SHIP Operational Plan. Components of the plan were deemed “best practices” by reviewers. Ms. York also shared the comments provided by CMMI for each SHIP goal. There was very little corrective action or revision suggested by CMMI. Goal Six regarding payment was identified as the component requiring further revision and clarification. CMMI had questions on implementation timelines for each of the payer’s specific payment transformation plans.
- ◆ Dr. Epperly made additional comments on our achievement in the operational plan and asked the Chairs of the Multi-Payer Workgroup (MPW) about the payment models and what timelines are proposed.
- ◆ Dr. David Peterman responded that the MPW is working towards a goal of strengthening the payment plan however the timeline is challenging. He made the suggestion that receiving further information from SHIP staff about the expectations relating to Operational Plan Goal Six would be helpful. Once that information is provided, the Chairs will reconvene the MPW for further discussion on this matter. Josh Bishop stated that it is important to recognize the many innovative payment models currently in place with private payers. Although these methodologies may not follow the Medicaid payment model exactly, they are important advancements in the payment of healthcare for Idahoans and should be reflected positively in our response to CMMI.

- ◆ Dr. Epperly solicited other comments on the operational plan feedback: Dr. Dunn commented that we need to be mindful that our success is contingent upon our timeline commitment.

Reimbursement Presentation – *Lisa Hettinger, IDHW Medicaid Administrator:*

- ◆ Ms. Hettinger presented on Medicaid's PCMH program and the four tier payment system. The Medicaid payment program will be introduced February 1st with the launch of Phase one. There will also be a Phase 1a designed to include mental health as a component of Phase one. This will work without disrupting the current Healthy Connections program. Healthy Connections staff will be closely monitoring the introduction of the Medicaid four tier payment program. Enhanced tier distinction was used in the pilot PCMH program.
- ◆ Ms. Hettinger provided information about the new changes in the payer strategy. Rates were developed to help support care management and to make sure clinics have the ability to share data with IHDE. The IHDE connectivity is a critical component to gather data for the SHIP Model Test.
- ◆ Dr. Davis posed the question about the timelines for sharing information from Electronic Medical Records (EMRs) systems with the IHDE. In the past, clinics were requested to delay connectivity with IHDE due to the conversion to a new vendor. Discussion continued around the concerns that the lack of connectivity with IHDE would delay clinics from qualifying for Tier 4 payments. Scott Carrell from the Idaho Health Data Exchange noted the IHDE team is working on creating an all-inclusive Electronic Health Record (EHR)/IHDE connectivity solution but much work remains.

Primary Care Access Program – *Director Richard Armstrong, Director DHW:*

- ◆ Director Armstrong provided an update on the Primary Care Access Program (PCAP). He thanked those members of the IHC who had been a part of healthcare transformation since 2007. After assessing the upcoming session it became clear that expanding Medicaid would not get into print with the legislature. The PCAP bill was drafted to bring something to the legislature that is not Medicaid. This will move the PCMH agenda forward and will hopefully attract sufficient affirmative votes for passage of the bill this session. It is a major step in policy if it is passed in saying every Idahoan should have a medical home. It is proposed that PCAP be funded by repurposing the current tobacco taxes. The political will to pass this bill is present but passage will come down to budget issues. Director Armstrong is optimistic that this bill will work.
- ◆ IHC members asked questions regarding proposed coverage limits and how it would help clinics and providers in several areas of concern. The Director responded that this is just the beginning of PCAP and that at any point it can be added to in the future. This bill has the potential to build going forward. Any future issues can be addressed as they occur.
- ◆ Dr. Epperly thanked Director Armstrong for his presentation and noted that the usual source of care and care coverage are the two requirements for better healthcare.

Idaho Agency and Coalition Disclosure Laws & Practice – *Casey Moyer, SHIP Operations Project Managers, DHW:*

- ◆ Mr. Moyer gave a high level overview on the Idaho statute regarding the public records act and its application to the IHC. Essentially, everything that the IHC does at this point is public knowledge; Idaho statute requires transparency in government. Only materials that are proprietary, confidential (client records) or privileged are shielded – and thus far, none of those previous designations applies to IHC materials. There are no legal barriers if the IHC chooses a password protected area of the SHIP website. All the content of this area is not publicly posted, yet can be requested at any time by Idaho citizens.

Communications Plan Materials Update – *Katie Falls, Principal Mercer:*

- ◆ Ms. Falls presented content for four more key messages requested by members at the previous IHC meeting. The messages are directed toward Engaged Primary Care Providers, Patients, Medical and Health Neighborhoods, and Potential Primary Care Providers. These key messages are evolving and will change as needed.
- ◆ Members pointed out that the patient key messages document may not be written to an accessible grade level and recommended this be addressed prior to finalization.

Goal Charters Review – *Katie Falls, Principal Mercer:*

- ◆ Ms. Falls reviewed the seven goal charters. She began by highlighting the development process of the operational plan. She then went over the difference between the workgroup charters and the goal charters. A draft of the Master Project Plan will be delivered January 15, 2016 to the Idaho Department of Health and Welfare. Ms. Falls also discussed how they are tracking progress for goals, measurables, deliverables and risk mitigation.
- ◆ Workgroup charters will be revised as needed with updates presented to the IHC. Goal charters are updated quarterly. The operational plan will be updated yearly.
- ◆ Dr. Epperly asked if there was a way to format progress on these items visually to help focus the IHC discussion on areas that need attention.

PCMH Transition Update – *Grace Chandler, Briljent:*

- ◆ Ms. Chandler introduced members of the HMA team. They provided updates regarding PCMH transformation plan development and progress since the last meeting. Ms. Dennehy from HMA reviewed demographics from the selected clinics. They have completed the readiness assessment and have gathered necessary information from the fifty five selected clinics.
- ◆ Ms. Jaekles-Kamp from HMA discussed the SHIP PCMH training models and next steps. A PCMH transformation plan will be developed with each clinic at the learning collaboratives meeting scheduled in early March. This will be the first of two face to face learning collaborations. These collaboratives may be split into different tracks to be able to assist all clinics no matter what their PCMH readiness level. Ms. Dennehy explained the webinars, coaching sessions and other technical assistance that would take place with each clinic as additional tools to assist in the PCMH transformation efforts.
- ◆ Ms. Jaekles-Kamp and Ms. Dennehy took questions regarding the assistance that will be available to clinics as cohort one progresses. Coalition members discussed different concerns and proposals for identifying where different clinics are throughout the cohort 1 process and year. Briljent is to bring back an overall plan on PCMH clinic identification/transformation at the next IHC meeting.
- ◆ Mr. Rouse from Myers & Stauffer went over the PCMH transformation portal, the access it will provide, and what it will feature. There will be different levels of access availability defined in the portal. Special access will be created for different clinics the portal will use a silo method of access to the portal so that different user categories will have access to different information. Mr. Rouse also discussed the IMHC meeting their feedback, questions, concerns and conclusions and what will be implemented.
- ◆ Ms. Renner presented the incentive payment measures. The first incentive of \$10,000 will be paid in one installment. The second incentive of \$5,000 is for PCMH recognition based on evidence of recognition. Virtual PCMHs that are SHIP approved will be given a \$2,500 one-time incentive. Progress measures have not changed since the last meeting. Ms. Renner also went over recoupment of incentive moneys that will be implemented if needed. She concluded by going over the I-PAS system, the incentive payment accounting system. This system will interface with the Briljent SHIP PCMH portal.

SHIP Operations and Advisory Group Reports/Updates:

- ◆ Ms. York announced that Health Tech Solutions is the successful Data Analytics vendor. It is anticipated the contract will be signed in late February. Health Tech Solutions has extensive data analytics experience particularly in the governmental realm and the SHIP team is excited to bring them on board.
- ◆ Dr. Epperly thanked the workgroups for their efforts and contributions. He requested that a dashboard be developed to track Workgroup goals, objectives and measurable in order to better inform the Workgroups and the IHC. This tool would also help to alert the Workgroup and the IHC to any matters requiring further attention.

Closing remarks and Next Steps – Dr. Ted Epperly:

- ◆ We are just nineteen days away from the kickoff of year one model test and we are doing well.
- ◆ Dr. Epperly thanked Kim Thurston for her work on the SHIP team and wished her well as today is her last day with SHIP. She has accepted a position with Public Health District Four as a Health Educator.
- ◆ The next IHC meeting is February 10, 2016, and will be located in the JRW Building East side conference room on the first floor.

There being no further business Dr. Epperly adjourned the meeting at 4:31 p.m.